



**REGULATORY LICENSING UNIT
TRANSFER / RECEIVING STATION
INITIAL/ RENEWAL/AMENDED LICENSE APPLICATION
(Health and Safety Code, Chapter 435)**

Return the completed application and **non-refundable** fee to:
Texas Department of State Health Services
RLU- Food & Drug Licensing, MC-2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

**M&D Transfer/Receiving
2005**

Budget ZZ107 – 114

PERMIT # _____

(MA) (PL)

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City

County

Zip Code

Telephone Number at Location Address: (_____) _____

For: New and/or Amended: Application and fee must be received prior to an inspection. Please allow 4 to 6 weeks processing time.

Check only one below:

FEE DUE

New License Only: (Includes a new facility and change of ownership)

A. ☐ Start Date of Regulated Activity within : September 1 thru February 28\29 **\$800.00**

B. ☐ Start Date of Regulated Activity within: March 1 thru August 31 **\$600.00**

Amend License Only:

A. ☐ Amend License Fee (For change of dba name and location change only)..... **\$400.00**

Renewal Only: A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

If renewing your permit check here: ☐ **Renewal Fee Due..... \$824.00**

OPERATION PERFORMED AT THE FACILITY LISTED ABOVE: (Check all that apply)

☐ RECEIVING STATION – Any place, premise or establishment where raw milk is received, collected, handled, stored, or cooled and prepared for further transporting.

☐ MILK TANK TRUCK CLEANING FACILITY – Any place, premise, or establishment, separate from a milk plant, receiving or transfer station, where a milk tank truck is cleaned and sanitized.

☐ TRANSFER STATION – Any place, premise or establishment where milk or milk products are transferred directly from one milk tank truck to another.

☐ UNLOADING STATION – Any receiving station, transfer station, or milk processing plant where milk or milk products are unloaded from milk tank trucks.

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon that I am authorized to execute this document on behalf of the corporation, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them

Print Name:

Title: ☐ Owner

☐ President

☐ Partner

☐ Corporate Designee / Agent

**sign
here** ►

Date:

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

☐ **New** - Estimated Start Date of Regulated Activity: _____

☐ **Change of Ownership** - requires submission of application and fee as listed on Page 1.

PLEASE NOTE: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

☐ Previous business name: _____

☐ Previous owner name: _____

☐ Effective Date of Change: _____

☐ **Amended** - If business name (dba) or change of location has changed, submission of fee is required as listed on Page 1.

☐ Change of location [previous location]: _____

☐ Change of dba name [previous name]: _____

☐ Other: _____

☐ Enter the date the change was effective: _____

☐ **Renewal** - Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

☐ **Notice that firm is out of business.** Date out of business: _____
Sign and date 1st page and return original license for deletion from our records.

☐ **Not required to license/permit**
Reason: _____

WEBSITE/ INTERNET ADDRESS: http://www. _____

MAILING ADDRESS INFORMATION

(The license and courtesy renewal notice will be sent to the following billing address)

Mailing Name: _____

Mailing Address: _____

City, State, Zip code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED
BEFORE A LICENSE / PERMIT WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: www.dshs.state.tx.us/fdlicense

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number **or** Federal Identification number.

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Please choose one of the following below and complete.

☐ **SOLE OWNER / PROPRIETORSHIP** (can only be one person)

Name _____

☐ **PARTNERSHIP**

☐ **LP**

☐ **LLP**

☐ **LTD**

Name of Partnership _____

Effective Date of Partnership _____

Name _____

Name _____

Name _____

☐ **UNIVERSITY / COLLEGE**

☐ **COUNTY / DEPARTMENT**

☐ **FAMILY TRUST**

Name _____

Name _____

☐ **Corporation** ☐ **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____

Officer's Name: _____

Officer's Name: _____

Name of Registered Agent: _____